

PROJECT INCOME REPORTING TRANSMITTAL INSTRUCTIONS

GENERAL INSTRUCTIONS

This form must be used for the following types of project income reporting:

- Reporting Receipt of Project Income
- Reporting Project Income Expenditures
- Proposed use of Project Income

Check the appropriate box(es) when reporting Income or Expenditures.

1. RECIPIENT

Type the recipient's name as it appears on line #1 of the "Grant Award Face Sheet" (OES-A301).

2. GRANT AWARD NUMBER

Type the grant award number as it appears at the top of the "Grant Award Face Sheet" (OES-A301).

3. ADDRESS

Type the recipient's address of the person completing this form.

4. REPORT PERIOD

Type the report period in which income was generated or expended (quarterly reporting of project income and expenditures is mandatory, *Recipient Handbook, Section 6610.2*).

5. GRANT PERIOD

Type the approved grant period giving the start and end dates for the grant award as shown on line #4 of the "Grant Award Face Sheet" (OES-A301), or as revised by an approved grant award amendment, (STD .2).

6. CONTACT PERSON

Type the name of the person preparing the form.

7. TELEPHONE AND FAX NUMBERS

Type the (a.) telephone and (b.) fax number of contact person.

8. PROJECT TITLE

Type the project title as it appears on line #3 of the "Grant Award Face Sheet" (OES-A301).

9. PROJECT INCOME

Check each box indicating the type of project income generated for the report period.

10. INCOME RECEIVED

This is the combined total dollar value of project income by type.

11. PROPOSED INCOME ALLOCATION

Indicate the budget category(ies) in which the income will be allocated.

12. EXPENDITURE REPORTING

Enter the actual amount of project income expended by budget category(ies). Project income cannot be expended prior to the approval of the Project Income Reporting Transmittal.

13. PROJECT RELATED EXPENDITURES

If project income will not be used to further the activities of the grant, indicate for what purpose the funds will be expended. Refer to the *Recipient Handbook* and program guidelines for direction on appropriate use of project income.

14. LOCAL APPROVAL SIGNATURES

Original signatures of the Project Director as shown on line #1 of the "Project Contact Information" form and Financial Officer as shown on line #2 of the same form are required on all project income reporting.

15. OES APPROVAL SIGNATURES

For OES internal use only.

STATE OF CALIFORNIA
GOVERNOR'S OFFICE OF EMERGENCY SERVICES
PROJECT INCOME REPORTING TRANSMITTAL
OES 234

Reporting Income Items (1) through (12)
Reporting Expenditures Items (1) through (13)

(1) RECIPIENT _____

(3) ADDRESS _____

(6) CONTACT PERSON _____

(7a) PHONE NUMBER _____

(8) PROJECT TITLE _____

(2) GRANT AWARD NUMBER

(4) REPORT PERIOD: _____ to _____

(5) GRANT PERIOD _____ to _____

(7b) FAX _____

(9) Project Income (check all that apply):

(10) Income Received:

(11) Proposed Income Allocation:

Asset Forfeiture

Client Fees

Interest Earned on General Income

Registration Fees

Other Project Oriented Materials

Other (please describe):

Personal Services

Operating Expenses

Equipment

Total

(10) Income Received Total
(Income Received total and Proposed Income Allocation must match.)

(12) Will project income expenditures be used to further the project's objectives?

(13) Expenditure Reporting:

Yes

No, if no please provide explanation:

Personal Services

Operating Expenses

Equipment

Total

(14) LOCAL APPROVAL SIGNATURES:

(15) OES APPROVAL SIGNATURES

(A) PROJECT DIRECTOR

(B) FINANCIAL OFFICER

Date

Date

(A) PROGRAM STAFF:

(B) SECTION CHIEF:

(C) OTHER:

Reason for disapproval of reporting request: